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C O N F I D E N T I A L SECTION 01 OF 02 RANGOON 001648

SIPDIS

STATE PASS AID/ANE, HHS FOR OGHA - STEIGER
STATE FOR EAP/BCLTV, EB, AND IO
PHNOM PENH FOR AID - CAROL JENKINS
CINCPAC FOR FPA
BEIJING PASS CHENGDU

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TAGS: [EAID](#) [SOCI](#) [ECON](#) [BM](#) [NGO](#)

SUBJECT: NGOS HARD AT WORK IN KACHIN STATE

REF: A. RANGOON 1585

[1](#)B. RANGOON 1571

Classified By: DCM RONALD MCMULLEN FOR REASONS 1.5 (B,D)

[1](#)1. (SBU) Summary: International NGOs (INGOs) are working well in Kachin State. Though few in number, they are providing urgently needed programs for HIV/AIDS, malaria, tuberculosis, and rural health care. There are some types of aid programs, and geographic regions, that remain out of reach for the INGOs. However, if the INGOs' good relations with local officials persist, additional progress is likely. End summary.

HIV/AIDS: Good News and Bad News

[1](#)2. (SBU) INGOs in Kachin State (Burma's northernmost state, with a population of about 1.2 million) are focusing almost exclusively on health care -- testing, basic provision, and education. On the HIV/AIDS front, there is some good and bad news. On the positive side, the INGOs working most directly on HIV/AIDS agree that there is increasing acceptance and usage of condoms by sex workers. Furthermore, pimps are in many cases now taking the side of the sex workers in trying to convince clients to use condoms.

[1](#)3. (SBU) Despite these positive indicators, INGOs report that sex workers are still willing to go without condoms if the money is better or if the sex worker "like" the client. Also, because of the combination locally of very high poverty and a small class of very wealthy Burmese and Chinese business people, the population of sex workers in Kachin State is growing as quickly as in Rangoon. HIV infection rates are also very high among sex workers. One INGO estimated a HIV infection rate of around 50 percent among a population of sex workers in a local disco.

TB: Cases Up, But So Is Treatment

[1](#)4. (SBU) On the tuberculosis front, there also seems to be a mixed bag. One INGO that is active with TB testing and treatment says that it is finding more cases of TB, but that more and more people are coming in for testing and treatment. The problem of TB is compounded, INGOs agree, by the slumping economy as many people do not have enough to eat, and are thus more susceptible to TB (and other debilitating diseases) and slower to recover.

Good Cooperation with the Authorities -- So Far

[1](#)5. (C) INGOs report that relations are good with local government authorities in Kachin State. The local health director has given tacit permission for NGOs to provide services that the government is supposed to be providing, but does not (for example TB testing and treatment). Usually, local health officials are frightened of taking any initiative to allow NGOs to provide any parallel services (even if the government in fact is not providing these services). Relations are also good with the Northern Military Command's chief medical officer (who apparently speaks English quite well and is a fan of the BBC). However, the military has not allowed INGOs access to the military hospital in town.

[1](#)6. (C) A true test of the local authorities' willingness to let the INGOs provide essential services will come in the area of intravenous drug use (IDU) intervention. This is a very sensitive proposition in Burma, with needle exchange and substitution programs still illegal. In Kachin State, one INGO operates a very unofficial and subterranean needle exchange program in Mogaung (about 50 miles from Myitkyina), which relies on the local police turning a blind eye. The INGO is trying to start a similar exchange program in Myitkyina, but is facing more police scrutiny. There is clearly much potential, and need, for an expansion of harm reduction in the Myitkyina area, but there must be significant discussion beforehand with the various local authorities.

Neediest are out of Reach

17. (SBU) Despite the successes and access they have had, the INGOs agree that the remotest 25 percent of the state (along the border areas controlled by Kachin cease-fire groups) has the most urgent need for humanitarian assistance. However, these regions are still mostly out of their reach. Of the INGOs, World Concern seems to have the best access to the remoter areas. However, funding problems have forced it to scale back its operations. Some of Kachin State's indigenous NGOs may also be getting to these areas, but not to provide health care services. There are also rumors that church-based NGOs operating in China's Yunnan Province occasionally cross the border to provide some services (of an undetermined nature) in neighboring Kachin villages.
Comment

18. (SBU) Kachin State would be an excellent laboratory for any expansion of U.S. humanitarian aid programs -- especially for building the capacity of local NGOs. The INGOs in place are well-established, have clear and reasonable objectives, and have good working relations with the necessary authorities (without relying upon them). Likewise, the local NGOs in Kachin State, unlike their cousins in Rangoon, seem to be comparatively independent of government control and influence. Part of this is certainly the result of the current personalities in key government positions in Kachin State. Another important factor is the relative unity of the Kachin people, and their leaders' so far successful balancing act of keeping good personal relations with the government, while retaining a relatively independent program of community development. End comment.
Martinez